



EPSDT

Specialty Mental Health Services

Medi-Cal Specialty Mental Health Services Structure

- Carve-out of specialty services
- Managed by county Mental Health Plans
 - First right of refusal
- Note: Counties also have safety net responsibilities—for indigent clients and for non-Medi-Cal services for beneficiaries

Medi-Cal Specialty Mental Health Services Funding

- Federal Funding
 - Fee-for-Service
- State/Local Funding
 - Realignment--% of sales tax and vehicle licensing fees
 - Capped state allocation
 - County funds
 - Fee-for-service for majority of EPSDT outpatient services.

Medi-Cal Specialty Mental Health Services

Local Match Responsibility

	Children/Youth	Adults and Older Adults
Acute Inpatient Services	County	County
Other Community Based Services	FY 2003/04 est. State 83% County 17%	County

Unique Features of Mental Health EPSDT

- Referrals primarily from other child serving agencies rather than primary care/CHDP
- Other systems benefit/at risk for outcomes of mental health services—greater the mental health investment/success, the more the objectives are met in other systems.
 - **AT HOME**--Child welfare
 - **IN SCHOOL**--Special education
 - **OUT-OF-TROUBLE**--Juvenile Justice
- Families often need support, treatment and education. Only allowable if required to meet child's treatment goals.

National Comparison

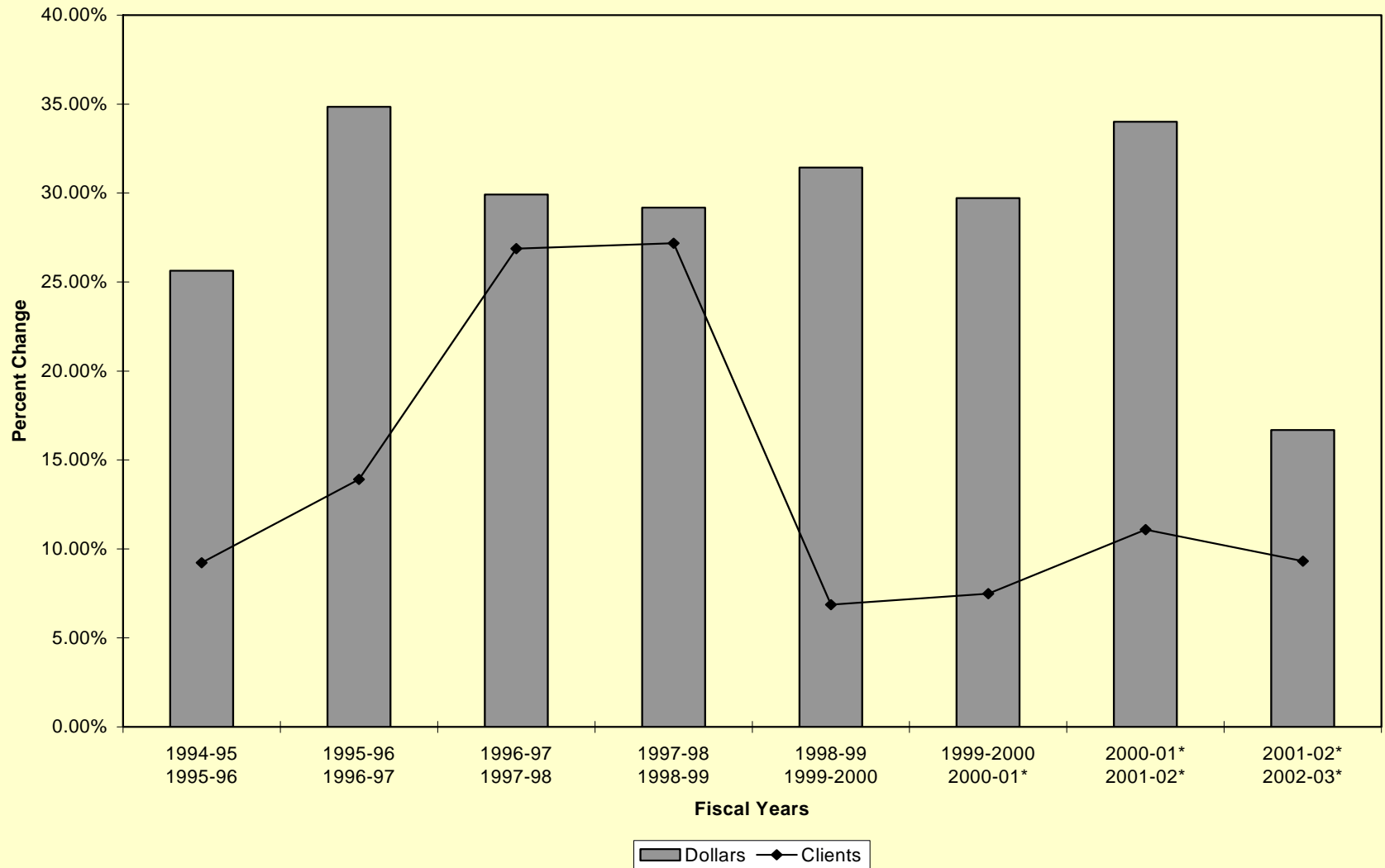
- CA ranked 10th in State Mental Health Authority per capita expenditures for Community-Based Programs FY 2001.
 - Includes Medi-Cal and non-Medi-Cal

Data compiled by National Research Institute of the National Association of State Mental Health Program Directors Association.

Growth of Mental Health EPSDT

- Since 1995,
 - Number of children served by counties has tripled
 - 61K to 172K in FY 2002/03
 - Total claims for services has increased nine-fold
 - Approximately \$100M to \$900M in FY 2003/04
 - Costs continue to grow at higher rate than the increases in the number of children/youth receiving services.
 - Cost per child served has almost tripled.

Percent Change in EPSDT Dollars and Unduplicated Clients by Fiscal Year
Fiscal Years 1994-95 through 2002-03 (* means data is not final)



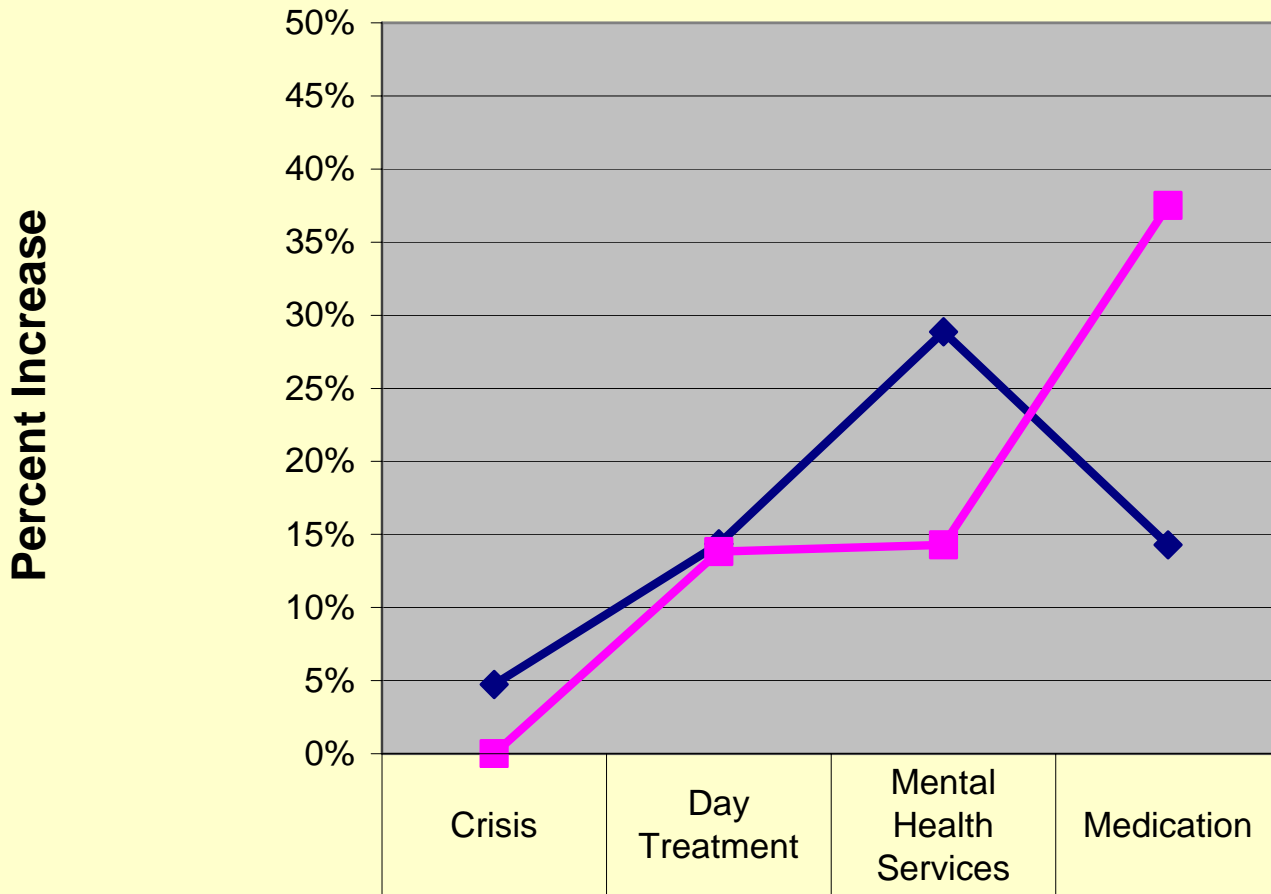
What's Driving Increases in MH EPSDT?

- More children/youth receiving services
- Cost of services increasing
 - Increased cost/unit
 - More services per child/youth
- New service added

Proportion Receiving Services

- Prevalence rate—estimate of population expected to qualify for care
 - 9-13% for youth 9-17 years with serious emotional disturbance (per CMHS and NIMH)
- Penetration rate—proportion of those eligible who receive care
 - Overall 5% of beneficiaries 0-20 years
 - 2.1% in 1994/95
 - 8.7% for beneficiaries 9-17 years

Percent Increase in Cost per Unit of Service and Units of Service per Client Between FY 1999-2000 and FY 2002-2003



◆ % Increase in Cost per Unit	4.7%	14.4%	28.9%	14.3%
■ % Increase in Units of Service per Client	0.0%	13.8%	14.3%	37.5%

Proportion of Major Services to Total EPSDT FY 1999-00 compared to FY 2002-03

	FY 1999-00	FY 2002-03
Total Approved Claims	\$ 450,369,502	\$ 887,685,278
Service Function	% of Total Approved Claims	% of Total Approved Claims
Day Treatment	16.1%	14.5%
Mental Health Services	52.3%	54.9%
Crisis Stabilization	2.7%	2.3%
Medication Support	6.6%	7.1%
	77.6%	78.8%

Approved Claims increased by nearly 100% from FY 1999-00 through FY 2002-03, but the proportion of these major services stayed approximately the same.

New (Supplemental) Service Therapeutic Behavioral Services (TBS)

	Approved Claims	% of Total Claims
FY 1999/2000	\$4M	1%
FY 2002/03	\$42M	5%